

PATENT APPLICATION SERIAL NO. 10/530521

Rec'd PCT/PTO 07 APR 2005

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

04/12/2005 HKAYPAGH 00000114 10530521

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP
04 FC:1615	450.00 OP

09/01/2005 BCAMPBEL 00000003 10530521

01 FC:1642 400.00 OP

Adjustment date: 09/01/2005 BCAMPBEL
04/12/2005 HKAYPAGH 00000114 10530521
02 FC:1632 -500.00 OP

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>8/31/05</u>		2 Serial/Patent # <u>10/530521</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$100. ⁰⁰ / _{KK}
		8 TO BE REFUNDED BY:		
10 REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check Credit Deposit A/C #: 9 02--2448 </div>		
<input checked="" type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Barbara B</u>		TITLE: _____		
SIGNATURE: <u>[Signature]</u>		PHONE: _____		
OFFICE: <u>PT</u>		<small>Repln. Ref: 09/01/2005 BCAMPBEL 0015540600</small> <small>NAME: 10530521</small> <small>FC: 9204</small>		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: